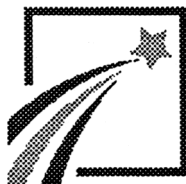


ACS-0011



*National  
Environmental  
Achievement Track*

*Application Form*

\_\_\_\_\_  
Madison Chemical Co., Inc.

Name of facility

\_\_\_\_\_  
Same

Name of parent company (if any)

\_\_\_\_\_  
3141 Clifty Drive

Street address

\_\_\_\_\_  
P.O. Box 1599

Street address (continued)

\_\_\_\_\_  
Madison, In 47250-0599

City/State/Zip code

Give us information about your contact person for the  
National Environmental Achievement Track Program.

Name Sam George

Vice President and Director of Corporate Affairs

Phone 812-273-6000

812-273-6002

E-mail [mcc@seidata.com](mailto:mcc@seidata.com)

*Why do we need this information?*

EPA needs background information on your facility to evaluate your application.

*What do you need to do?*

- Provide background information on your facility.
- Identify your environmental requirements.

# Section A

*Tell us about your facility.*

1 What do you do or make at your facility?

Madison Chemical manufacturers specialty chemicals including hard surface cleaners, used during pre-paint applications in metal and plastic fabrication. Additionally, we manufacture cleaners and sanitizers used by food processors, paper makers, and the transportation industry.

2 List the Standard Industrial Classification (SIC) code(s) or North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

SIC  
2841 2842 2899

NAICS  
325611 325612 325551

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☒ Yes ☐ No

4 How many employees (full-time equivalents) currently work at your facility?

- ☐ Fewer than 50  
☒ 50-99  
☐ 100-499  
☐ 500-1,000  
☐ More than 1,000

5 Does your facility have an EPA ID number(s)?

☒ Yes

☐ No

If yes, list in the right-hand column.

IND006382667

6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right **or** enclose a completed Checklist with your application.

Check list enclosed.

7 Check the appropriate box in the right-hand column.

☐ I've listed the requirements above.

☒ I've enclosed the Checklist with my application.

8 Optional: Is there anything else you would like to tell us about your facility?

The Indiana Department of Environmental Management sponsors annual Governor's Awards for Pollution Prevention (P2) and Recycling. Madison Chemical has won three Governor's Awards for P2 and one for our recycling program. In 1999, we won both awards in the same year - we are the only Indiana company with such a record. We truly pride ourselves on replacing carcinogens and SARA 313 substances in our customer's plants and eliminating hazardous waste streams. Our technical expertise lies in chemical substitution and replacement, and our customers, their employees, and the environment benefit from our approach to chemical problem solving. We participated in US EPA's 33/50 program, and we have taken the Indiana Governor's Toxic Reduction Challenge.

*Why do we need this information?*

Facilities must have an operating Environmental Management System (EMS) that meets certain requirements.

*What do you need to do?*

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

# Section B

*Tell us about your EMS.*

1 Check **yes** if your EMS meets the requirements for each element below as defined in the instructions.

- |  |   |
|--|---|
| <i>a.</i> Environmental policy           | <input checked="" type="checkbox"/> Yes |
| <i>b.</i> Planning                       | <input checked="" type="checkbox"/> Yes |
| <i>c.</i> Implementation and operation   | <input checked="" type="checkbox"/> Yes |
| <i>d.</i> Checking and corrective action | <input checked="" type="checkbox"/> Yes |
| <i>e.</i> Management review              | <input checked="" type="checkbox"/> Yes |

2 Have you completed at least one EMS cycle (plan-do-check-act)? ☒ Yes

3 Did this cycle include both an EMS and a compliance audit? ☒ Yes

4 Have you completed an objective self-assessment or third-party assessment of your EMS? ☒ Yes

If yes, what method of EMS assessment did you use?

☒ Self-assessment

☐ GEMI

☒ Other

☐ CEMP

Indiana Business Modernization and Technology Program has assessed our EMS.

☒ Third-party assessment

☒ ISO 14001 Certification

☐ Other

### ***Why do we need this information?***

Facilities must show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

### ***What do you need to do?***

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

## ***Section C***

*Tell us about your past achievements and future commitments.*

- 1** Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

**Note to small facilities:** If you qualify as a small facility as defined in the instructions, you are required to report past achievement for at least one environmental aspect.

### ***First aspect you've selected***

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
BOD Discharges to Water	20,000	pounds	11,000	pounds
<p>i. How is the current level an improvement over the previous level?</p> <p>BOD reduction reduces the stress on the local POTW to treat the waste.</p>				
<p>ii. How did you achieve this improvement?</p> <p>Better inventory control.</p>				

**Second aspect you've selected**

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Solid Waste Generation	756	Cubic Yards	420	Cubic Yards
<p>i. How is the current level an improvement over the previous level?</p> <p>We have reduced waste sent to landfill by nearly 45%.</p>				
<p>ii. How did you achieve this improvement?</p> <p>Recycling, better purchasing practices and installation of a permitted incinerator for selected types of non-recyclable paper.</p>				

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

**Note to small facilities:** If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

**First aspect you've selected**

- a. What is the aspect? BOD discharges to water
- b. Is this aspect identified as significant in your EMS? ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- ☒ Option A: Absolute value 11,000 pounds per year
- ☐ Option B: In terms of units of production or output (Quantity/Units)
- (Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.

- ☒ Option A:  
Absolute value 7,500 pounds per year  
(Quantity/Units)
- ☐ Option B:  
In terms of  
units of production (Quantity/Units)  
or output

e. How will you achieve this improvement?

Continued inventory control, better manufacturing practices, more careful production methods.

---

---

### ***Second aspect you've selected***

a. What is the aspect?

Total solid waste generation

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

- ☒ Option A:  
Absolute value 456 cubic yards/year  
(Quantity/Units)
- ☐ Option B:  
In terms of  
units of production (Quantity/Units)  
or output

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.

- ☒ Option A:  
Absolute value 300 cubic yards/year  
(Quantity/Units)
- ☐ Option B:  
In terms of  
units of production (Quantity/Units)  
or output

e. How will you achieve this improvement?

Smarter purchasing, less packaging material, more recyclable containers.

---

### Third aspect you've selected

- |   |   |  |
|---|---|--|
| a. What is the aspect?  | Emissions of VOC  |  |
| b. Is this aspect identified as significant in your EMS?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |  |
| c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.   | <input checked="" type="checkbox"/> Option A:<br>Absolute value                       | Less than 1 ton/year<br>(Quantity/Units)         |
|   | <input type="checkbox"/> Option B:<br>In terms of<br>units of production<br>or output | (Quantity/Units)                                 |
| d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output. | <input checked="" type="checkbox"/> Option A:<br>Absolute value                       | Less than 500<br>pounds/year<br>(Quantity/Units) |
|   | <input type="checkbox"/> Option B:<br>In terms of<br>units of production<br>or output | (Quantity/Units)                                 |
| e. How will you achieve this improvement?   | Raw material substitution.  |  |

---

### Fourth aspect you've selected

- |   |   |   |
|---|---|---|
| a. What is the aspect?  | Hazardous material use.   |   |
| b. Is this aspect identified as significant in your EMS?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |   |
| c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.   | <input checked="" type="checkbox"/> Option A:<br>Absolute value                       | 5,000,000 pounds/year<br>(Quantity/Units) |
|   | <input type="checkbox"/> Option B:<br>In terms of<br>units of production<br>or output | (Quantity/Units)                          |
| d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output. | <input checked="" type="checkbox"/> Option A:<br>Absolute value                       | 4,000,000 pounds/year<br>(Quantity/Units) |
|   | <input type="checkbox"/> Option B:<br>In terms of<br>units of production<br>or output | (Quantity/Units)                          |



e. How will you achieve this improvement?

Raw material substitution.

### *Why do we need this information?*

Facilities must demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

## Section D

*Tell us about your public outreach and reporting.*

### *What do you need to do?*

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

#### 1 How do you identify and respond to community concerns?

We participate in our local emergency planning committee (LEPC) and in other industry health and safety committees. We host visits from emergency responders, conduct drills with community groups, and sponsor health and safety training in the community. We provide CPR training in schools. These contacts allow the community opportunity to raise issues about our business.

#### 2 How do you inform community members of important matters that affect them?

Through the LEPC, we appear at public meetings and mail committee minutes each month. We have sponsored public meetings and had articles in the local paper about hazardous materials planning, and commodity flow studies. We have also conducted and publicized plume modeling to show the effects of unplanned releases even though we are not a 112 r facility. Also, we have mailed copies of our environmental policy to many facilities in our county encouraging them to pursue ISO 14001 registration.

#### 3 How will you make the Achievement Track Annual Performance Report available to the public?

☐ Website [www.madchem.com](http://www.madchem.com)

☒ Newspaper

☐ Open Houses

☒ Other

Discussions at LEPC meetings and meetings of the local Environmental Roundtable.

4 Are there any ongoing citizen suits against your facility? ☐ Yes ☒ No

If yes, describe briefly in the right-hand column.

5 List references below

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	Red Cross	Tiffani Mundt	812-265-3818
State/Local Regulator	Indiana Dept of Environmental Mgt.	John Chavez	317-233-6661
Other community/local reference	City of Madison	Al Huntington, Mayor	812-265-8300

On behalf of Madison Chemical Co., Inc.  
[my facility],

certify that

# Section E

## Application and Participation Statement.

I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;

I have personally examined and am familiar with the information contained in this Application (including, if attached, the Environmental Requirements Checklist). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;

My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;

My facility has conducted an objective assessment of its compliance with all applicable federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;

Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

*Sam George* 9/22/00

Printed Name/Title Sam George, JD, CHMM, Vice President

Facility Name Madison Chemical Co., Inc.

Facility Street Address 3141 Clifty Drive, P.O. Box 1599, Madison, IN 47250-0599

Facility ID Numbers IND 006382667

The National Environmental Performance Track is a U.S. Environmental Protection Agency program. Please direct inquiries to 1-888-339-PTRK or e-mail [ptrack@indecon.com](mailto:ptrack@indecon.com). Mail completed applications to:

The Performance Track Information Center  
c/o Industrial Economics Incorporated  
2067 Massachusetts Avenue  
Cambridge, MA 02140

## National Environmental Achievement Track

### *Environmental Requirements Checklist*

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility,* Question 6. The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility. .

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

**Facility Name:** Madison Chemical Co., Inc  
3141 Clifty Drive, Madison, IN 47250

**Facility Location:** IND 006382667

**Facility ID Number(s):** \_\_\_\_\_  
(attach additional sheets if necessary)

#### Air Pollution Regulations

Check All  
That Apply

- |     |  |                                     |
|-----|--|-------------------------------------|
| 1.  | National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input type="checkbox"/>            |
| 2.  | Permits and Registration of Air Pollution Sources                    | <input checked="" type="checkbox"/> |
| 3.  | General Emission Standards, Prohibitions and Restrictions            | <input type="checkbox"/>            |
| 4.  | Control of Incinerators  | <input type="checkbox"/>            |
| 5.  | Process Industry Emission Standards                                  | <input type="checkbox"/>            |
| 6.  | Control of Fuel Burning Equipment                                    | <input type="checkbox"/>            |
| 7.  | Control of VOCs  | <input type="checkbox"/>            |
| 8.  | Sampling, Testing and Reporting                                      | <input type="checkbox"/>            |
| 9.  | Visible Emissions Standards  | <input type="checkbox"/>            |
| 10. | Control of Fugitive Dust   | <input type="checkbox"/>            |
| 11. | Toxic Air Pollutants Control   | <input type="checkbox"/>            |
| 12. | Vehicle Emissions Inspections and Testing                            | <input type="checkbox"/>            |

**Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (identify)**

- |     |       |                          |
|-----|-------|--------------------------|
| 13. | _____ | <input type="checkbox"/> |
| 14. | _____ | <input type="checkbox"/> |

### **Hazardous Waste Management Regulations**

- |    |  |                                     |
|----|--|-------------------------------------|
| 1  | Identification and Listing of Hazardous Waste (40 CFR 261)   | <input checked="" type="checkbox"/> |
|    | - Characteristic Waste   | <input checked="" type="checkbox"/> |
|    | - Listed Waste   | <input checked="" type="checkbox"/> |
| 2. | Standards Applicable to Generators of Hazardous Waste (40 CFR 262)   | <input checked="" type="checkbox"/> |
|    | - Manifesting  | <input checked="" type="checkbox"/> |
|    | - Pre-transport requirements   | <input checked="" type="checkbox"/> |
|    | - Record keeping/reporting   | <input checked="" type="checkbox"/> |
| 3. | Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)                                       | <input type="checkbox"/>            |
|    | - Transfer facility requirements   | <input type="checkbox"/>            |
|    | - Manifest system and record-keeping   | <input type="checkbox"/>            |
|    | - Hazardous waste discharges   | <input type="checkbox"/>            |
| 4. | Standards for Owners and Operators of TSD Facilities (40 CFR 264)  | <input type="checkbox"/>            |
|    | - General facility standards   | <input type="checkbox"/>            |
|    | - Preparedness and prevention  | <input type="checkbox"/>            |
|    | - Contingency plan and emergency procedures  | <input type="checkbox"/>            |
|    | - Manifest system, Record keeping and reporting  | <input type="checkbox"/>            |
|    | - Groundwater protection   | <input type="checkbox"/>            |
|    | - Financial requirements   | <input type="checkbox"/>            |
|    | - Use and management of containers   | <input type="checkbox"/>            |
|    | - Tanks  | <input type="checkbox"/>            |
|    | - Waste piles  | <input type="checkbox"/>            |
|    | - Land treatment   | <input type="checkbox"/>            |
|    | - Incinerators   | <input type="checkbox"/>            |
| 5. | Interim Status Standards for TSD Owners and Operators (40 CFR 265)   | <input type="checkbox"/>            |
| 6. | Interim Standards for Owners and Operators of New Hazardous Waste<br>Land Disposal Facilities (40 CFR 267) | <input type="checkbox"/>            |
| 7. | Administered Permit Program (Part B) (40 CFR 270)  | <input type="checkbox"/>            |

### **Other Federal, State, Tribal or Local Hazardous Waste Management Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 8. | _____ | <input type="checkbox"/> |
| 9. | _____ | <input type="checkbox"/> |

### **Hazardous Materials Management**

- |    |  |                                     |
|----|--|-------------------------------------|
| 1. | Control of Pollution by Oil and Hazardous Substances (33 CFR 153)                                  | <input type="checkbox"/>            |
| 2. | Designation of Reportable Quantities and Notification of Hazardous<br>Materials Spill (40 CFR 302) | <input checked="" type="checkbox"/> |
| 3. | Hazardous Materials Transportation Regulations (49 CFR 172-173)                                    | <input checked="" type="checkbox"/> |
| 4. | Worker Right-to-Know Regulations (29 CFR 1910.1200)  | <input checked="" type="checkbox"/> |
| 5. | Community Right-to-Know Regulations (40 CFR 350-372)   | <input checked="" type="checkbox"/> |

**Other Federal, State, Tribal or Local Hazardous Materials Management Regulations Not Listed Above (identify)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Solid Waste Management**

1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257) ☐
2. Permit Requirements for Solid Waste Disposal Facilities ☐
3. Installation of Systems of Refuse Disposal ☐
4. Solid Waste Storage and Removal Requirements ☐
5. Disposal Requirements for Special Wastes ☐

**Other Federal, State, Tribal or Local Solid Waste Management Regulations Not Listed Above (identify)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Water Pollution Control Requirements**

1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112) ☒
2. Designation of Hazardous Substances (40 CFR 116) ☒
3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117) ☒
4. NPDES Permit Requirements (40 CFR 122) ☐
5. Toxic Pollutant Effluent Standards (40 CFR 129) ☐
6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403) ☒
7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414) ☐
8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415) ☐
9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416) ☐
10. Water Quality Standards ☐
11. Effluent Limitations for Direct Dischargers ☐
12. Permit Monitoring/Reporting Requirements ☐
13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants ☐
14. Collection, Handling, Processing of Sewage Sludge ☐
15. Oil Discharge Containment, Control and Cleanup ☐
16. Standards Applicable to Indirect Discharges (Pretreatment) ☒



**Other Federal, State, Tribal or Local Water Pollution Control Regulations Not Listed Above (*identify*)**

17. \_\_\_\_\_ ☐
18. \_\_\_\_\_ ☐

**Drinking Water Regulations**

1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146) ☐
2. National Primary Drinking Water Standards (40 CFR 141) ☐
3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141) ☐
4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources ☐
5. Underground Injection Control Requirements ☐
6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems ☐

**Other Federal, State, Tribal or Local Drinking Water Regulations Not Listed Above (*identify*)**

- 7 \_\_\_\_\_ ☐
8. \_\_\_\_\_ ☐

**Toxic Substances**

1. Manufacture and Import of Chemicals, Record keeping and Reporting Requirements (40 CFR 704) ☐
2. Import and Export of Chemicals (40 CFR 707) ☐
3. Chemical Substances Inventory Reporting Requirements (40 CFR 710) ☐
4. Chemical Information Rules (40 CFR 712) ☐
5. Health and Safety Data Reporting (40 CFR 716) ☐
6. Pre-Manufacture Notifications (40 CFR 720) ☐
7. PCB Distribution Use, Storage and Disposal (40 CFR 761) ☐
8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762) ☐
9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775) ☐

**Other Federal, State, Tribal or Local Toxic Substances Regulations Not Listed Above (*identify*)**

10. \_\_\_\_\_ ☐
11. \_\_\_\_\_ ☐

**Pesticide Regulations**

- |    |  |                          |
|----|--|--------------------------|
| 1. | FIFRA Pesticide Use Classification (40 CFR 162)                                  | <input type="checkbox"/> |
| 2. | Procedures for Disposal and Storage of Pesticides and Containers<br>(40 CFR 165) | <input type="checkbox"/> |
| 3. | Certification of Pesticide Applications (40 CFR 171)                             | <input type="checkbox"/> |
| 4. | Pesticide Licensing Requirements   | <input type="checkbox"/> |
| 5. | Labeling of Pesticides   | <input type="checkbox"/> |
| 6. | Pesticide Sales, Permits, Records, Application and Disposal Requirements         | <input type="checkbox"/> |
| 7. | Disposal of Pesticide Containers   | <input type="checkbox"/> |
| 8. | Restricted Use and Prohibited Pesticides   | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)**

- |     |       |                          |
|-----|-------|--------------------------|
| 9.  | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

**Environmental Clean-Up, Restoration, Corrective Action**

- |    |   |                          |
|----|---|--------------------------|
| 1. | Comprehensive Environmental Response, Compensation and Liability<br>Act (Superfund) ( <i>identify</i> ) |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |
| 2. | RCRA Corrective Action ( <i>identify</i> )  |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective Action Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |

MADISON

Fax (812) 273-6002  
Phone (812) 273-6000



A05 - 0011

CHEMICAL CO., INC.

P.O. Box 1599 • Madison, Indiana 47250-0599

## **FACSIMILE TRANSMISSION**

TO: Ms. Emily Levins

FIRM: \_\_\_\_\_

FROM: Mr. Sam George

DATE: 11/17/00 REMARKS: \_\_\_\_\_

NUMBER OF PAGES INCLUDING COVER SHEET: 4 IF YOU DO NOT  
RECEIVE ALL THE PAGES OF THIS TRANSMISSION, PLEASE CALL 812-273-6000  
AS SOON AS POSSIBLE.

ISO 9001-94



REGISTERED QUALITY S  
CERTIFICATE 00219

**Second aspect you've selected**

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Solid Waste Generation	756	Cubic Yards	420	Cubic Yards
<p>i. How is the current level an improvement over the previous level?</p> <p>We have reduced waste sent to landfill by nearly 45%.</p>				
<p>ii. How did you achieve this improvement?</p> <p>Recycling, better purchasing practices and installation of a permitted incinerator for selected types of non-recyclable paper.</p> <p>40% of reduction is from recycling and 30% from each of better purchasing and incineration. Please see attachment dated 11/17/00.</p>				

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

**Note to small facilities:** If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

**First aspect you've selected**

- a. What is the aspect? BOD discharges to water
- b. Is this aspect identified as significant in your EMS? ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- ☒ Option A: Absolute value 11,000 pounds per year
- ☐ Option B: In terms of units of production or output (Quantity/Units)

MADISON

Fax (812) 273-6002  
Phone (812) 273-6000



CHEMICAL CO., INC.

P.O. Box 1599 • Madison, Indiana 47250-0599

November 17, 2000

TO: Mark Mesersmith, US EPA  
Emily Levin, Ind. Eco. Corp.

FR: Sam George *Sam George*

VIA: FAX

RE: NEAT Application

1. I checked with Mr. Steve Hale, our chief chemist who handles all pesticide reporting. Your reviewer was quite correct that we are covered by FIFRA. We file applicable reports for pesticide sales and follow rules and regulations for labeling and licensing. I failed to mark the appropriate boxes on the checklist.

2. We have reduced solid waste generation from 756 cubic yards to 420 cubic yards, a 45% reduction. About 40% of this reduction is due to our recycling program. We recycle cardboard at a rate of 6 cubic yards per month. This amounts to a 72 cubic yard per year reduction from our levels two years ago (756 cubic yards). We collect office paper, slick paper, and magazines in 2.37 cubic yard bins (bins are cubic, 4 feet on each edge). We deliver these bins to the recycling center every 6 weeks or 8.67 times per year. Three bins at 2.37 cubic yards every 6 weeks amounts to 61 cubic yards per year removed from the solid waste stream. Therefore, our recycling effort has reduced the waste stream from 756 cubic yards annually to 623 cubic yards - reduction from recycling of 18%. The rest of the reduction is probably split fairly evenly (30% each) between incineration and source reduction. We purchase and dispose of fewer pallets, for instance, than before our program began. The only item we generally incinerate is the paper bags of some of our raw materials. I have amended page 6 of our application.

Please let me know if this information is sufficient. I have taken the liberty of faxing it to Ms. Levin to hasten your consideration of our application.

Thank you for your assistance.

ISO 9001-94



REGISTERED QUALITY SYSTEM  
CERTIFICATE 002191

### **Pesticide Regulations**

- |    |  |                                     |
|----|--|-------------------------------------|
| 1. | FIFRA Pesticide Use Classification (40 CFR 162)                                  | <input type="checkbox"/>            |
| 2. | Procedures for Disposal and Storage of Pesticides and Containers<br>(40 CFR 165) | <input type="checkbox"/>            |
| 3. | Certification of Pesticide Applications (40 CFR 171)                             | <input type="checkbox"/>            |
| 4. | Pesticide Licensing Requirements   | <input checked="" type="checkbox"/> |
| 5. | Labeling of Pesticides   | <input checked="" type="checkbox"/> |
| 6. | Pesticide Sales, Permits, Records, Application and Disposal Requirements         | <input checked="" type="checkbox"/> |
| 7. | Disposal of Pesticide Containers   | <input type="checkbox"/>            |
| 8. | Restricted Use and Prohibited Pesticides   | <input type="checkbox"/>            |

**Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)**

- |     |       |                          |
|-----|-------|--------------------------|
| 9.  | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

### **Environmental Clean-Up, Restoration, Corrective Action**

- |    |   |                          |
|----|---|--------------------------|
| 1. | Comprehensive Environmental Response, Compensation and Liability<br>Act (Superfund) ( <i>identify</i> ) |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |
| 2. | RCRA Corrective Action ( <i>identify</i> )  |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective Action Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |